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| (Req | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Busi | iness Entity Nam | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fi | iling Officer: | |
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| SUBJECT: | | ited Liability Company | 0:0 339 <i>0</i> 5 |
| The enclosed Articles of | Amendment and fee(s) are sub | V - | |
| Hease return all correspo | ondence concerning this matter | to the following: | |
| | | Silanna Rond Name of Person | <u></u> |
| | | Firm/Company | |
| | Firm/Company Solls Fallen Leaf Dy Address Pivervew Ft 33578 City/State and Zip Code Be-mail address: (to be used for future annual report notification) Firm/Company Tomation concerning this matter, please call: A gand Band Some of Person Area Code Daytime Telephone Number The Soll of the following amount: | | |
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| | bri | City/State and Zip Code | |
| For further information c | That Justitia, LLC Name of Limited Liability Company L23000 33905 Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Branna Fond Name of Person Firm/Company Sol8 Fallen Laf by Address Pivernew Ft 33578 City/State and Zip Code bric bri. bond E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: 1 Awa Bond Name of Person at (813) 285 - 3892 Daytime Telephone Number check for the following amount: thing Fee Certificate of Status Certified Copy (certificate of Status & Certified Copy (certified Copy) (certified Copy) (certified Copy) | | |
| | | at (<u>813</u>) <u>285</u> Area Code Daytim | - 3892 ne Telephone Number |
| inclosed is a check for t | he following amount: | | |
| 5 \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Address | | Common 6.4.4 | |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

Fiat Justitia LLC

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| 7 10 | |
|--|---|
| (<u>Name of the Limited Liabilit</u> (A Florida | ty Company as it now appears on our records.) a Limited Liability Company) |
| | a Limited Liability Company) TALLAHASSEE FLORING |
| The Articles of Organization for this Limited Liability C | Company were filed on |
| Florida document number <u>L230 00339 051</u> | · |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limi</u> | ited liability company here: |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDR | RESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, <u>enter the name of the new register</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida |
| | City Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| an effective date is listed, th ote: If the date inserted | than the date of filing: | orior to date of filing or mo plicable statutory filing | ore than 90 days after g requirements, this | filing.) Pursuai | nt to 605.0207 be listed as |
| ocument's effective date | on the Department of State's rece | 103. | | | |
| record specifies a delayed lis tiled. | d effective date, but not an effecti | ve time, at 12:01 a.m. c | on the earlier of: (b |) The 90th d | lay after the |
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